

Department of Social Services  
**MONITORING REPORT FORM**

<b>Report Dates</b> (if multi-year)			<b>DSS Office</b>		
<b>Effective</b>			<b>Terminates</b>		
<b>Contractor</b>					
<b>Contract Manager</b>					
<b>Amount</b>		<b>\$</b>	<b>Contract Cost Basis</b>		
<b>CFMS #</b>			<b>DOA #</b>		
<b>Dates of Contract</b>			through		
<b>Actual Dates of Contract</b>			through		
<b>CONTRACT MODIFICATIONS</b>					
<b>Number</b>	<b>Reason(s)</b>				
<b>I. Summary of Contract Purpose</b>					
<b>II. Contract Objectives or Deliverables</b>			<b>Met on Schedule</b>	<b>Met Late</b>	<b>Not Met</b>
			(check appropriate section)		
1.					
2.					
3.					
4.					
5.					
<b>III. Use of the Final Product and/or Utility of Contract Service</b>					
<b>IV. Problems Encountered</b>					
<b>V. Overall Performance Statement</b>					
<i>The performance of the contractor cited in this report is true and correct to the best of our knowledge.</i>					
<b>Prepared By</b>	<b>Name</b>				
	<b>Title</b>				
	<b>Office</b>				
<b>Approved &amp; Submitted By</b>	<b>Assistant Secretary</b>				
	<b>Signature</b>				
	<b>Office</b>				